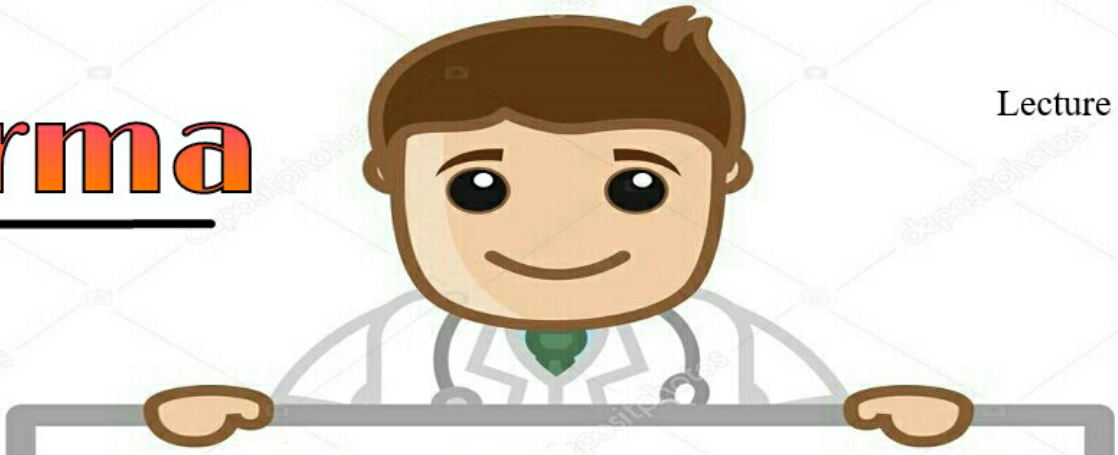
جامعة صنعاء
كلية الطب والعلوم الصحية
دائرة العلوم السريرية الطبية
دفعة بصمه طبيب 31
طب بشري

Lecture No.

Derma



أسئلة يجيب منه الدكتور محمد عبدالجبار في ال sexual disease

اللجنه العلميه (((C)))

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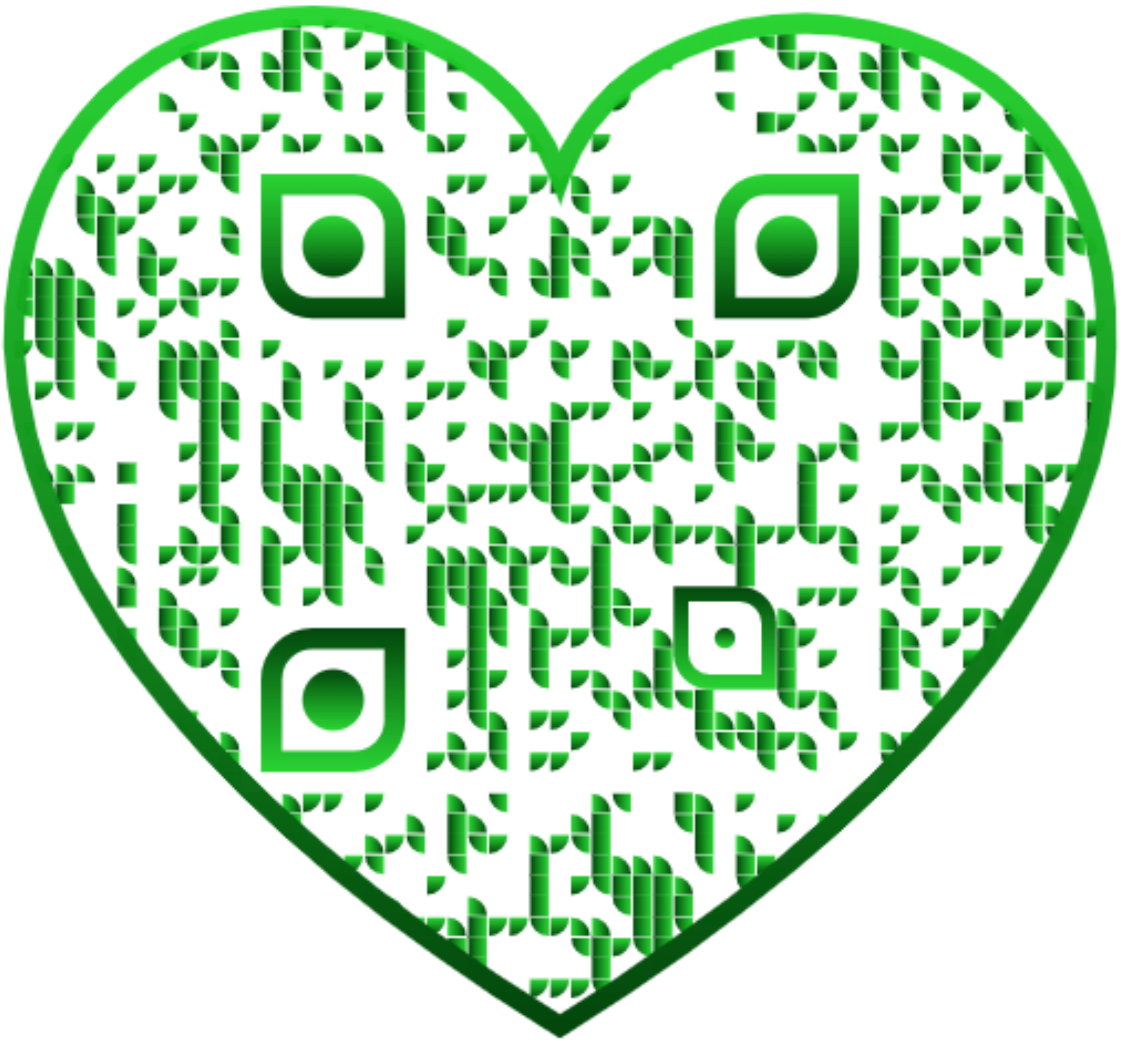
مندوب المجموعه

مسعد الصيادي



MCQ (only one answer is correct)

1) **The following hormone(s) are involved in regulation of spermatogenesis:**	a. Testosterone b. LH c. FSH d. Prolactin e. All the above
2) **Testosterone is mainly secreted by:**	a. Leydig cells b. Peritubular cells c. Sertoli cells d. Germ cells e. b and c
3) **The main target of FSH hormone is:**	a. Leydig cells b. Peritubular cells c. Sertoli cells d. Germ cells e. b and c
4) **The stem cell from which other germ cell originate is the:**	a. Spermatids b. Spermatogonia c. Primary spermatocytes d. Secondary spermatocytes e. Spermatozoa
5) **Testicular causes of infertility include the following except:**	a. Klinefelter syndrome b. Sertoli cell only syndrome c. Cryptorchidism d. Antihypertensive drugs e. Radiation
6) **The following infections can cause genital duct obstruction except:**	a. Gonorrhea b. TB c. Mumps d. Chronic prostatitis e. Chronic epididymitis
7) **Bilateral undescended testes is associated with:**	a. Normal semenogram b. Oligoasthenoteratozoospermia c. Asthenozoospermia only d. Necrozoospermia only e. Non of the above
8) **The term "aspermia" stands for:**	a. Absence of sperm head b. Absence of sperm tail c. Total absence of sperms d. Total absence of semen e. Non of the above
9) **Normal semen parameters include the following except:**	a. Volume = 2-5 ml b. Liquefaction time ≤ 30 min c. Sperm concentration = 20-250 million / ml d. Sperm motility ≥ 50% active forward motile sperms after 2 hours e. Abnormal forms ≥ 40%
10) **The following are sure causes of azoospermia except:**	a. Varicocele b. Sertoli cell only syndrome c. Classic Klinefelter syndrome d. Bilateral congenital absence of vas deferens e. Bilateral cryptorchidism

11) **Basically, the diagnosis of azoospermia depends upon:**	a. Testicular biopsy b. Buccal smear c. Prostatic smear d. Vasography e. Non of the above
12) **The following helps to differentiate functional from obstructive azoospermia except:**	a. Estimation of serum FSH b. Estimation of serum testosterone and LH c. Clinical scrotal examination d. Scrotal ultrasound e. Testicular biopsy
13) **Estimation of serum FSH is indicated for:**	a. All infertile males b. Oligozoospermic males c. Azoospermic males d. Asthenozoospermic males e. Teratozoospermic males
14) **The following are therapeutic options for azoospermic males except:**	a. Epididymovasostomy b. Vasovasostomy c. IUI d. TESE-ICSI e. Gonadotropin therapy
15) **Causes of oligozoospermia may include the following except:**	a. Varicocele b. Partial ejaculatory duct obstruction c. Unilateral undescended testis d. Excess heat exposure e. Antisperm antibody
16) **The mechanism by which varicocele causes infertility is:**	a. Disturbed testicular thermoregulation b. Regurgitation of adrenal metabolites c. Epididymal dysfunction d. All the above e. Non of the above
17) **The commonest semen abnormality seen in infertile patients who have varicocele is:**	a. Necrozoospermia b. Oligoasthenoteratozoospermia c. Azoospermia d. Leukocytospermia e. Polyzoospermia
18) **In patients with varicocele semen abnormalities are present in:**	a. All patients b. The majority of patients c. Some patients d. Very few patients e. No patient
19) **Asthenozoospermia means:**	a. Abnormally low sexual desire b. Abnormally weak erection c. Abnormally weak orgasm d. Abnormally low sperm motility e. Abnormally low sperm functions
20) **Asthenozoospermia may be caused by the following except:**	a. Partial and unilateral genital obstruction b. Immotile cilia syndrome c. Chronic prostatitis d. Immune infertility e. Varicocele
21) **The following are possible causes of hemospermia except:**	a. Bilharzial seminal vesiculitis b. Filarial funiculitis c. Prostatic calculi d. Hemophilia e. TB prostatitis

22) The following conditions can be helped by ICSI except:	a. Resistant oligozoospermia b. Resistant asthenozoospermia c. Resistant teratozoospermia d. Azoospermia e. Anorchia
23) Erectile dysfunction is a defect in which stage(s) of the sexual response cycle:	a. Excitation stage only b. Excitation and plateau stages c. Resolution stage only d. Resolution stage and refractory period
24) Penile erection is caused by vascular changes in:	a. Corpus cavernosum and its crura b. Corpus spongiosum and bulb c. Glans penis d. a & b e. b & c
25) Concerning erection, all of the following are correct except:	a. Erection is a hemodynamic phenomenon b. Erection is evoked by smooth muscle relaxation c. Vasodilatation of cavernosal arteries is mediated by somatic innervation d. Passive veno-occlusion occurs during erection e. Nitrous oxide is the main neurotransmitter
26) The excitation phase of the female sex response cycle includes all of the following except:	a. Vaginal transudation b. Clitoral congestion c. Nipple erection d. Increase in the heart rate e. Rhythmic contraction of the pelvic floor and perineal muscles
27) The refractory period of the male sex response cycle is affected by:	a. Age b. State of general health c. Psychological state d. All the above e. Non of the above
28) Regarding the etiology of erectile dysfunction the following statement is the most appropriate:	a. Psychogenic factors are only responsible b. Organic factors are only responsible c. Psychogenic etiology predominates the organic d. Organic etiology predominates the psychogenic e. Psychogenic and organic factors are almost equally responsible
29) The single most important organic factor to cause erectile dysfunction is:	a. Atherosclerosis b. Hyperprolactinemia c. Diabetes mellitus d. Disc prolapse e. Drug-induced
30) Psychogenic erectile dysfunction may be characterized by all the following except:	a. Sudden onset b. Intermittent course c. Presence of morning erection d. Usually associated with premature ejaculation e. Affects young age group more than old group
31) The following are causes of organic erectile dysfunction except:	a. Diabetes b. Liver cell failure c. Antihypertensive drugs d. Spinal cord injury e. Traumatic first coital experience

32) The agent to use during intracorporeal injection test with least side effect is:	a. Prostaglandin E_1 b. Papaverine c. Ephedrine d. Atropine e. Phentolamine
33) Arteriogenic erectile dysfunction may be characterized by all the following except:	a. Gradual onset b. Progressive course c. Loss of morning erection d. Normal nocturnal penile tumescence e. Poor response to PGE1 injection
34) Diabetes can cause impotence by the following mechanisms except:	a. Diabetic neuropathy b. Atherosclerosis c. Microangiopathy d. Psychogenic factors e. Insulin therapy
35) The most reliable diagnostic test to differentiate psychogenic from organic ED is:	a. Estimation LH, FSH, PRL and testosterone b. Rigiscan c. Duplex ultrasonography of cavernosal arteries d. Intracavernous injection test e. Biothesiometry
36) The following investigations might help in the diagnosis of erectile dysfunction except:	a. NPT monitoring b. Duplex test c. Hormonal test d. Intracavernous injection test e. Scrotal ultrasound
37) The squeeze technique is a sex therapy method used in the treatment of:	a. Erectile dysfunction b. Premature ejaculation c. Retarded ejaculation d. Retrograde ejaculation e. Inhibited sexual desire
38) Groups at special risk for acquisition of HIV include the following except:	a. Sexually promiscuous individuals b. Intravenous drug abusers c. Organ transplant patients d. Alcoholics e. Surgeons, laboratory personnel and dentists
39) HIV identifies and attacks:	a. All lymphocytes b. Only B-lymphocytes c. Only T-helper lymphocytes d. Only T-suppressor lymphocytes e. All body cells
40) Methods of transmission of HIV include all the following except	a. Accidental needle stick injury during surgery on HIV positive patient b. Mosquito bite c. Unprotected coitus d. Kissing e. Organ transplantation
41) Minor criteria for clinical diagnosis of AIDS include the following except:	a. Cough > 1 month b. Diarrhea > 1 month c. Recurrent herpes zoster d. Chronic disseminated herpes simplex e. Oropharyngeal candidiasis
42) Oral manifestations of advanced HIV infection include the following except:	a. Oral thrush b. Oral hairy leucoplakia c. Perforated palate d. Kaposi sarcoma e. Oral herpes simplex infection

43) Opportunistic infections in AIDS include the following except	a. Candidiasis b. Trichomoniasis c. Condyloma accuminata d. Herpes simplex infection e. Syphilis
44) In the treatment of opportunistic infections of AIDS, the following is true except:	a. Pneumocystis carinii pneumonia is treated by pentamidine & trimethoprim b. T.B is mainly treated by quinolones c. Herpes simplex and zoster is treated by acyclovir d. Condyloma accuminata is treated by interferon e. Candida is treated by nystatin
45) In the treatment of opportunistic infections of AIDS, the following is true except:	a. Pneumocystis carinii pneumonia is treated by pentamidine & trimethoprim b. Herpes simplex and zoster is treated by acyclovir and valcyclovir c. T.B is mainly treated by quinolones d. Condyloma accuminata is treated by interferon e. Candida is treated by nystatin
46) The following lesions are infectious except:	a. Chancre b. Condyloma lata c. Mucus patches d. Ulcerated gamma e. Snail tract ulcer
47) The most important test for diagnosis of chancre is:	a. Dark ground examination b. RPR test c. Biopsy and histological examination d. VDRL test e. Non of the above
48) The differential diagnosis of ulcer on the genital area includes all the following except:	a. Scabies b. Drug eruption c. Condyloma acuminata d. Lymphogranuloma venerum e. Herpes simplex
49) Syphilis is a chronic sexually transmitted infectious disease caused by:	a. Gram negative cocci b. Gram positive cocci c. Virus d. Fungus e. Spirochete
50) The incubation period of syphilis is:	a. Few hours b. 2-20 days c. 9-90 days d. 1-6 months e. 1-3 years
51) Modes of transmission of syphilis include the following except:	a. Sexual contact b. Asexual contact c. Trans-placental d. Food-borne e. Blood transfusion
52) The following syphilitic lesions are infective except:	a. Gummatous ulcer on the lip b. Snail track ulcer c. Corona veneris d. Perianal Condyloma lata e. Condom chancre

53) Early infectious phase of syphilis is:	a. The first 2 months of infection b. The first 2 years of infection c. The primary stage only d. The secondary stage only e. Both the primary and secondary stages
54) Which of the following best describes syphilitic chancre:	a. Multiple grouped vesicles b. Large cauliflower mass c. A single painless ulcer d. Multiple erythematous plaques e. Multiple indurated papules
55) The primary stage of acquired syphilis presents by an ulcer characterized by:	a. Usually multiple, painful with indurated base b. Usually single, painless with soft base c. Usually single, painless with indurated base d. Usually multiple, painless with indurated base e. Usually single, painful with indurated base
56) Secondary syphilis is clinically characterized by the following except:	a. Skin rash b. Mucous patches c. Generalized lymphadenopathy d. Oral candida e. Constitutional symptoms
57) Skin rash in secondary syphilis can be any of the following except:	a. Vesiculobullous b. Macular c. Papular d. Papulo-squamous
58) Diagnosis of chancre on the cervix uteri is best done by:	a. Dark ground microscopy b. Specific serological tests of syphilis c. Non specific serological tests of syphilis d. Culture e. Tissue culture
59) Screening of blood donors for syphilis is carried out by:	a. RPR b. TPHA c. FTA-ABS d. Dark ground microscopy e. Any of the above
60) The most "screening" test for syphilis is:	a. Treponema pallidum hemagglutination antibody (TPHA) b. Fluorescent Treponema antibody (FTA) c. Treponema pallidum immobilization (TPI) d. Venereal disease research laboratory (VDRL) test e. Dark ground microscopy
61) The following features are true for early congenital syphilis except:	a. Infectious phase b. Treponema reach the fetus via the placenta c. Primary stage appears on the genital region d. Secondary stage manifests mainly by skin rash e. Early latent stage is asymptomatic
62) Hutchinson's triad is a pathognomonic combination the following except:	a. Notched upper central incisor teeth b. Moon molars c. Interstitial keratitis d. 8th nerve deafness
63) For treatment of chancre, the antibiotic that can be used as a single dose is:	a. Procaine penicillin b. Benzathine penicillin c. Erythromycin d. Sulphonamide e. Tetracycline

64) A pregnant syphilitic woman allergic to penicillin may be treated by	a. Tetracycline b. Erythromycin c. Sulphonamide d. Cephalosporin e. Ampicillin
65) Gonorrhea in adult women may be complicated by any of the following except:	a. Cystitis b. Skenitis c. Vaginitis d. Bartholinitis e. Salpingitis
66) All of the following statements regarding Neisseria gonorrheae is true except:	a. The drug of choice is ceftriaxone b. Gram negative diplococci c. Incubation period between 2-5 days d. Selective media for growth is Thayer-Martin agar e. VDRL test is diagnostic
67) The incubation period of gonorrhea is	a. Few hours b. More than ten days c. Between 2-5 days d. Less than 2 days e. Between 9-90 days
68) The following are causes of uretheritis except:	a. Trichomonas vaginalis b. Mycoplasma c. Granuloma inguinale d. Chlamydia e. Intra meatal chancre
69) Which of the following describes the characteristic lesions of genital herpes:	a. Multiple grouped vesicles b. A single painless ulcer c. Large granulomatous mass d. Multiple erythematous plaques e. Multiple indurated papules
70) Viral STDs include the following except:	a. Molluscum contagiosum b. AIDS c. Viral hepatitis B d. Herpes progenitalis e. Herpes zoster
71) Which of the following organisms is most likely to result in non-ulcerated genital lesions:	a. Human papillomavirus b. Calymmatobacterium granulomatis c. Treponema pallidum d. Hemophilus ducreyi e. Herpes simplex virus
72) Agents causing genital ulcers include the following except:	a. HSV-2 b. HPV c. Hemophilus ducreyi d. Chlamydia e. Klebsiella donovanis
73) Local complications of anterior urethritis in gonorrhea in males include the following except:	a. Tysonitis b. Littritis c. Cowperitis d. Skenitis e. Periurethral abscess
74) Which of the following is the drug of first choice for non-gonococcal urethritis:	a. Ceftriaxone b. Ciprofloxacin c. Amoxicillin-clavulenate d. Doxycycline e. Sulphamethoxazole-trimethoprim

75) **Which of the following chlamydia serotypes is not a cause of non-gonococcal urethritis:**	a. Serotype C b. Serotype D c. Serotype E d. Serotype F e. Serotype G

Case: A 23-year-old healthy man has been unable to father a child. He and his wife had a workup for infertility. His wife's reproductive function proved to be normal. On physical examination of the male, both testes were palpable in the scrotum were of normal in size, with no masses palpable. However, the spermatic cord on the left gave a feeling like a "bag of worms". Laboratory studies show oligozoospermia.

76) **Which of the following conditions is this man most likely to have?**
- a. Hydrocele
- b. Testicular torsion
- c. Spermatocele
- d. Varicocele
- e. Seminoma

Case: A 32 years old diabetic man married for 6 years presented with secondary infertility for the last 18 months. Genital examination revealed normal sized testes though the left testicle is slightly smaller and softer than right one. Valsalva's maneuver showed positive thrill on both spermatic cords. Semen analysis showed:

Sperm concentration	14 million sperm/ml
Sperm motility	35% motile sperm
Sperm morphology	75% normal forms

77) **You think this patient is having:**
- a. Oligo-asthenozoospermia
- b. Oligo-astheno-teratozoospermia
- c. Astheno-teratozoospermia
- d. Oligo-teratozoospermia

78) **The most probable cause for such case is:**
- a. Cryptotorchidism
- b. Klinefelter syndrome
- c. Mumps orchitis
- d. Varicocele
- e. Diabetes

Case: A [illegible] years old man presented to an infertility clinic complaining of azoospermia. Local examination revealed no gross abnormality. FSH level was normal.

79) **The most appropriate next step for the management of this case is:**
- a. Ask for post coital test
- b. Refer the patient for assisted conception
- c. Perform testis biopsy
- d. Try hormonal treatment before starting investigations
- e. Ask for fructose in semen

Case: A male patient presented to Andrology clinic complaining of primary infertility. Examination showed normal testicles with bilateral absent vas deferentia.

80) **His semen analysis is most likely to be:**
- a. Teratozoospermia with low semen volume
- b. Azoospermia with low semen volume
- c. Oligozoospermia with normal semen volume
- d. Asthenozoospermia with high semen volume
- e. Polyzoospermia with poor motility

81) **Management of this case will be:**
- a. Hormonal therapy
- b. Reconstructive surgery
- c. Intrauterine insemination (IUI)
- d. Varicocelectomy
- e. Intracytoplasmic sperm injection (ICSI)

Case: A newly married male asked you about a reliable method for contraception that he can use by himself as his wife refused to use contraceptive pills.

82) You would suggest:

a. Coitus interrupts
b. Safe period and condom
c. Vasectomy
d. Antiandrogen IM
e. Testosterone IM

Case: A 65-years-old diabetic patient presented with erectile failure for 3 years. Intra cavernosal injection test failed to induce erection.

83) The most probable mechanism of erectile dysfunction in this case is:

a. Vascular
b. Neurological
c. Endocrinal
d. Psychogenic
e. Non of the above

Case: A 43-year-old man came to the emergency room because of a 6-hour persistent erection that became painful 2 hours ago. He denied any trauma associated with intercourse. He had no significant medical history and was not taking any medication. On examination, corpora cavernosum were rigid and tender, while the glans and corpus spongiosum were soft. Rectal examination revealed normal prostate. Urine analysis and blood picture were within normal limits.

84) The most likely diagnosis is:

a. Epididymitis
b. Paraphimosis
c. Penile fracture
d. Priapism
e. Peyronie's disease

Case: A 17-year-old male presented by recurrent scrotal pain radiating inguinally

85) The following are probable causes except:

a. Varicocele
b. Epididymitis
c. Cystitis
d. Recurrent testicular torsion
e. Ureteric stone

Case: A 20-years old single male presented left scrotal swelling 4 months [illegible] left varicocelectomy operation. He also stated that the size of the swelling is increasing gradually. On examination, left testis could not be felt from the swelling. Transillumination test was positive.

86) The most appropriate diagnosis of this case is:

a. Recurrent varicocele
b. Primary hydrocele
c. Secondary hydrocele
d. Testicular torsion
e. Testicular tumour

Case: A 27-year-old heavy vehicle driver comes to the office because he is "not feeling well and has been losing weight" during the past few months. He also reports that he is feeling increasingly tired. He drives long hours on his job, smokes heavily, and admits to "moderate" amounts of alcohol intake. He has never seen a doctor before and denies any past medical or surgical history. His temperature is 37.0 C, blood pressure is 110/80 mm Hg, pulse is 70/min, and respirations are 16/min. Abdominal examination shows a vague abdominal mass in the midline that is not pulsatile and non-tender. Rectal examination is unremarkable. Scrotal examination shows an enlarged right testicle without sensation.

87) The factor in this patient's history and examination that is most helpful for diagnosing the etiology of the abdominal mass is

a. Alcohol intake

b. His job
c. Non-pulsatile nature of abdominal mass
d. Scrotal examination findings
e. Smoking

Case: A 25-year old single man presented with a painless lesion on his penis of 10 days duration with history of some sexual relation 3 weeks ago. Examination showed a small, non-tender ulcer having an irregular outline with an indurated base on the coronal sulcus of the penis. The inguinal nodes were bilaterally enlarged but non tender. Rapid Plasma Reagin (RPR) test and TPHA test were negative.

88) **Your next step is to:**
a. Consider the case non syphilitic and give local antibiotics
b. Consider the case syphilitic and start penicillin therapy
c. Ask for dark ground microscopic examination
d. Consider malignancy and take a biopsy
e. Herpes progenitalis is strongly suggested

Case: A 30-year-old sexually active man has experienced a burning pain with urination for the past 5 days. On physical examination there is a scant pale yellowish urethral discharge. He is afebrile.

89) **He is most likely to be infected with which of the following organisms?**
a. Herpes simplex virus
b. Treponema pallidum
c. Chlamydia trachomatis
d. Mumps virus
e. Hemophilus ducreyi

Case: A single 24-year-old male complaining occasional urethral discharge that may follow urination, defecation and sometimes on straining. The patient denies any sexual relation. Urethral swab for gram stain and culture for N gonorrhea were negative.

90) **The most probable cause is:**
a. Prosemen due to sexual excitation
b. Physiological prostatorrhoea due to sexual congestion
c. Chlamydia urethritis
d. Herpes progenitalis
e. Premature ejaculation

Case: A 25 years-old female presented with multiple large sized cauliflower-like warty masses on the vulva. Similar lesions were detected on her husband's penis.

91) **The most likely diagnosis is:**
a. Condyloma lata
b. Condyloma accuminata
c. Herpes progenitalis
d. Genital scabies
e. Chancroid

Case: A 21-year-old man notes the presence of a lesion on his penis for the past week. On physical examination there is a solitary 0.7 cm diameter circumscribed area of ulceration on the dorsal aspect of his penis just proximal to the glans. This ulcer has a firm erythematous base containing minimal grey exudate.

92) **Which of the following is the most cost effective method for laboratory diagnosis of this man's lesion:**
a. Darkfield microscopy
b. Cytologic smear
c. Tissue biopsy
d. Enzyme immunoassay
e. Microbiologic culture

Mark the following statements as (FALSE) or (TRUE) and write your correction for false statements:

93) Primary infertility means childless marriage for more than 1 year
94) Secondary infertility means childless marriage for more than 2 years
95) Semen analysis must be followed by testicular biopsy in evaluating male fertility potential
96) Differentiation of obstructive from functional azoospermia is based upon clinical examination, serum FSH level and testicular biopsy
97) In Klinefelter syndrome, FSH level is usually low or low normal
98) Obstructive azoospermia complicates some males after mumps
99) Obstructive azoospermia complicates herniotomy in adults more than in children
100) Obstructive azoospermia may lead to elevation of FSH serum level
101) Some azoospermic children can father children by TESE-ICSI
102) Some azoospermic males can father children by IUI
103) Congenital absence of the vas deferens is associated with low semen volume
104) Functional azoospermia may be correctable by epididymo-vasostomy
105) Priapism is an aimless erection that persists for more than 6 hours
106) Erectile dysfunction may cause retrograde ejaculation
107) Gonococcal complications may cause obstructive rather than functional infertility
108) Infertile men are commonly impotent
109) Large bilateral varicocele can lead to erectile dysfunction
110) Erectile dysfunction is termed "primary" if no cause is found and "secondary" if a specific cause is identified
111) Erectile dysfunction (ED) can lead to depression and vice versa
112) The most common psychic factor in ED is performance anxiety
113) The most common organic factor in ED is chronic prostatitis
114) Gender identity conflict is an interpersonal cause of ED
115) In diagnosing ED, local examination is more important than history taking
116) All ED must be screened for blood sugar level and serum testosterone
117) All ED must be screened for serum T3, T4, TSH, FSH and LH levels
118) Rigiscan is used in the diagnosis of the degree of penile rigidity during intercourse
119) Nocturnal penile tumescence monitoring differentiates psychogenic from organic ED
120) The intracavernous injection test is based upon the vasodilator property of Sildenafil
121) Sildenafil works best if taken on full stomach 1 hour before intercourse
122) The erectogenic properties of Sildenafil is due to its inhibition of phosphodiesterase-5
123) Penile prosthesis in use are either semirigid rods or inflatable devices
124) Premature ejaculation is mainly caused by psychogenic factors
125) External vacuum suction devices are designed for treatment of premature ejaculation
126) SSRIs and squeeze technique may help people with premature ejaculation
127) Chancre occurs exclusively on genital organs
128) Infectivity of syphilis is only for the for the first 2 years of infection
129) Early latent syphilis can be infective by sexual contact
130) Chancre is presents by a single, painless and indurated genital ulcer
131) In secondary syphilis there is generalized bilateral symmetrical vesiculo-bullous rash
132) All patients with untreated chancre are VDRL positive
133) All patients with untreated secondary stage of syphilis are VDRL positive
134) All patients with untreated tertiary stage of syphilis are VDRL positive
135) Generalized lymphadenopathy may occur in AIDS but never in syphilis
136) Vesiculo-bullous rash can occur in secondary stage of acquired syphilis
137) Late latent syphilis may be infective by blood transfusion
138) Gummatous ulcers are always non-infective

139) Aortic regurge can be a manifestation of cardiovascular syphilis
140) The most infective lesion of syphilis is condyloma lata
141) Hutchinson teeth extraction is associated with a risk of syphilis transmission to the dentist
142) Under dark ground microscopy, treponema pallidum appear as luminescent spiral organism with corkscrew motility
143) Venereal disease research laboratory (VDRL) test may give false +ve results in leprosy
144) Treponema pallidum hemagglutination test may give false +ve results in collagen diseases
145) Benzathine penicillin is the treatment of choice for both syphilis and gonorrhea
146) Hemophilus ducreyi causes multiple painful genital ulcers
147) Chlamydia is the causative organism of lymphogranuloma venerum
148) Topical podophyllin application is the treatment of choice for condyloma lata
149) Human papilloma virus infection may predispose to cancer cervix
150) Generalized lymphadenopathy can be a feature of gonorrhea and secondary syphilis
151) Early lesions of AIDS appear as genital ulcers
152) The screening test for HIV is the western blot test
153) The virulence factor of HIV is the reverse transcriptase enzyme
154) Oral hairy leukoplakia is caused by Pox virus
155) Patients with advanced HIV usually die from opportunistic infections
156) Kaposi sarcoma in AIDS is caused by Epstein Barr virus
157) Asymptomatic HIV infection is non infective by sexual contact
158) AIDS, syphilis, gonorrhea, herpes and condyloma can all be transmitted from an infected pregnant mother to her infant
159) Gonorrhea and chlamydial urethritis are common opportunistic infections in AIDS
160) Gonococci are more common than chlamydia in causing urethritis
161) Prostatorrhea is a physiological phenomenon, where urethral discharge occurs on straining
162) Gonorrhea may primarily present by urethritis, proctitis, pharyngitis
163) Thayer & Martin medium is diagnostic for the causative organism in non-gonococcal urethritis
164) Perihepatitis may complicate gonococcal and chlamydial pelvic inflammatory disease
165) In prepubertal girls, gonorrhea presents by vulvovaginitis
166) When gonococci disseminate to blood stream they cause dermatitis and arthritis
167) Smear examination is less sensitive than direct immunofluorescence in diagnosing gonorrhea
168) Herpes progenitalis is commonly caused by HSV-2 more than HSV-1
169) Severe constitutional symptoms accompany each attack of HSV-2
170) Zidovudine is the drug of choice for treatment of herpes progenitalis

Match the microorganism in the left column to the disease in the right column:

171) Sarcoptes mite	a. AIDS
172) Chlamydia urethritis serotypes D-K	b. Syphilis
173) Chlamydia urethritis serotypes $L_{1,2,3}$	c. Chancroid
174) Calymmatobacterium donovanis	d. Herpes progenitalis
175) Hemophilus ducreyi	e. Condyloma accuminata
176) Treponema pallidum	f. Scabies
177) Pox virus	g. Non-gonococcal urethritis
178) HIV	h. Lymphogranuloma venerum
179) HPV	i. Granuloma inguinale
180) HSV-2	j. Molluscum contagiosum

Match clinical problem in left column to the diagnostic test in right column:

181)	Differentiation between psychogenic and organic ED	a. Penile duplex ultrasonograph
182)	Differentiation between vasculogenic and non vasculogenic ED	b. ICI test
183)	Confirmation of venous leak as a cause of ED	c. Semen analysis
184)	Diagnosis of arterial insufficiency as a cause of ED	d. Testicular biopsy
185)	Screening test for neurogenic ED	e. Postcoital test
186)	Diagnostic test for male fertility potential	f. Examination of postcoital uri
187)	Differentiation between functional from obstructive azoospermia	g. Cavernosometry
188)	Diagnosis of Klinefelter syndrome	h. Biothesiometry
189)	Diagnosis of mechanical infertility	i. Rigiscan
190)	Diagnosis of retrograde ejaculation	j. Karyotyping

Match statement in the left column to its cause in the right column:

191)	The commonest cause of oligoasthenoteratozoospermia	a. Mumps
192)	The commonest congenital cause of mechanical infertility	b. Bilateral congeni absent vas
193)	The commonest infection to cause functional infertility	c. Immotile cilia syndron
194)	The commonest cause of organic ED	d. Chronic prostatitis
195)	The commonest cause of absence of fructose in semen	e. Chronic epididymitis
196)	The commonest cause of failed puberty	f. Hypospadias
197)	The commonest cause of hemospermia	g. Hypogonadism
198)	The commonest organic cause of premature ejaculation	h. Varicocele
199)	The commonest acquired cause of obstructive infertility	i. Diabetes mellitus
200)	The commonest cause of isolated asthenozoospermia	j. Bilharziasis

ANSWERS

Q	ANS	Q	ANS	Q	ANS	Q	ANS	Q	ANS	Q	ANS	Q	ANS	Q	ANS
1	e	26	e	51	d	76	d	101	T	126	T	151	F	176	b
2	a	27	d	52	a	77	b	102	F	127	F	152	F	177	j
3	C	28	e	53	b	78	d	103	T	128	T	153	T	178	a
4	b	29	c	54	c	79	c	104	F	129	F	154	F	179	e
5	d	30	d	55	c	80	b	105	T	130	T	155	T	180	d
6	c	31	e	56	d	81	e	106	F	131	F	156	F	181	i
7	e	32	a	57	a	82	b	107	T	132	F	157	F	182	b
8	d	33	d	58	a	83	a	108	F	133	T	158	T	183	g
9	e	34	e	59	a	84	d	109	F	134	T	159	F	184	a
10	a	35	b	60	d	85	c	110	F	135	F	160	F	185	h
11	a	36	e	61	c	86	c	111	T	136	F	161	T	186	c
12	b	37	b	62	b	87	d	112	T	137	F	162	T	187	d
13	c	38	d	63	b	88	c	113	F	138	T	163	F	188	j
14	c	39	c	64	b	89	c	114	F	139	T	164	T	189	e
15	e	40	b	65	c	90	b	115	F	140	T	165	T	190	f
16	d	41	b	66	e	91	b	116	T	141	F	166	T	191	h
17	b	42	c	67	c	92	a	117	F	142	T	167	T	192	f
18	c	43	b	68	c	93	T	118	F	143	T	168	T	193	a
19	d	44	b	69	a	94	F	119	T	144	F	169	F	194	i
20	a	45	c	70	e	95	F	120	F	145	F	170	F	195	b
21	b	46	d	71	a	96	T	121	F	146	T	171	F	196	g
22	e	47	a	72	b	97	F	122	T	147	T	172	G	197	j
23	b	48	c	73	d	98	F	123	T	148	F	173	H	198	d
24	a	49	e	74	d	99	F	124	T	149	T	174	I	199	e
25	c	50	c	75	a	100	F	125	F	150	F	175	C	200	c